PRINTED DEMENDED IN County of Figure 1 MIN TOWN OF BENNESTRAN OU) PROPERTY OF PR CHI MILTINES COMETICALITY SHE AD DESCRIPTION OF THE PERSON O A RECEIVE OF TAKEN BY LOOKE OF 719216 B. Water SALATE OF WICKING PRODUCTION OF SHIPLESS 0000000 ATTHERY ADDRESS, ONLY STATE SHIP DOSE. BROOMHAYEN BLANCA 2025 STONESSHOOK PLACE CHARTINET, THE STREET PROPE SACTORY IN THE CONTRACT OF THE SERVICE OF 14 53 01 120 04 05 (1) Building Standards 种源和" (1) A nursing horner shall consider a morest, and Which the posterior of the product of the size of the same of the product of the same of t Profesional long is continued to the later to which the THE THE PARTY MACHINE COMPLETE AND AND AND ADDRESS OF STREET, STREET, Colly transaction by Adir Katerians or designed to PRIMAR OF HERE MANY. The mane we defined to the CA committee to Tuno (37 moreline. This fitte is not making publicated by: Bened on observator and bearing it was determined the facility folial to install hallow Nontain 198 Bullion Turkson THE TRICE THE WARD THE ACCREMISED AND THE SECTION OF THE SECTION O The 200 nm had water and reduction comes in the transfer to absent the leadings.

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the Administration change the action conference on AKKIN 6 1013. History Tanners Saltings (III) Edition Preparedness MARIE An est drawing the star did have been compared and CONTRACTOR OF THE PARTY OF THE by Maintenance Courter. (2) Physical Paolity and Constants Emergency The strainer of the west sportleded within. The fractional desires de an be unterlied SHARTY FACE OF MANY. (a) Physical Facility (Internal Street of a). The source of the southerns distance of the last PROCESS IN the CA COMMENT WOOL COMMENTS. 5. Sect of the following dissolar prophisticus. DEPOSE OF BELLEVIEW SHALL THERE SEE SO, the desirant of management between the providers.

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Division of Health Care Facilities FORM APPROVED STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X3) DATE SURVEY COMPLETED A, BUILDING: 01 - MAIN BUILDING 01 TN8203 B, WING NAME OF PROVIDER OR SUPPLIER 08/07/2013 STREET ADDRESS, CITY, STATE, ZIP CODE BROOKHAVEN MANOR 2035 STONEBROOK PLACE KINGSPORT, TN 37660 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEPICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) (X4) ID PREFIX PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REPERENCED TO THE APPROPRIATE ID PREFIX TAG (X5) COMPLEYE DATE TAG DEFICIENCY) N1410 Continued From page 1 N1410 and evaluate these drills must be maintained for at least three (3) years. (ii) External disaster procedures plan (for tornado, flood, oarthquake), to be exercised prior to March, shall include: (i) Staff duties by department and job assignment; and, (II) Evacuation procedures. This Rule is not met as evidenced by: Based on interview and record review, the facility falled to assure an earthquake drill was exercised annually. The findings include; Interview and record review with the Administrator on August 6, 2013 at 9:15 a.m. confirmed the facility falled to perform earthquake drills annually. There was in-service training; however no actual drill was conducted. This finding was verified and acknowledged by the Administrator during the exit conference on August 6, 2013, livision of Health Card Facilities STATE FORM N22H21 If cominuation shoot 2 of 2